

Public Swimming Pool Equipment Replacement Notification Report

Action governed by Ohio Administrative Code Chapter 3701-31

Type of Project		
Outdoor	Indoor	Special
1. <input type="checkbox"/> Pool (OP)	5. <input type="checkbox"/> Pool (IP)	9. <input type="checkbox"/> Special Use Pool (SUP)
2. <input type="checkbox"/> Spa (OS)	6. <input type="checkbox"/> Spa (IS)	10. <input type="checkbox"/> Special Feature (SF)
3. <input type="checkbox"/> Wading Pool (OWP)	7. <input type="checkbox"/> Wading Pool (IWP)	
4. <input type="checkbox"/> Diving Pool (ODP)	8. <input type="checkbox"/> Diving Pool (IDP)	

County		Local Health Department		
Project Name		Owner		
Street Address		Street Address		
City	ZIP	City	State	ZIP
Project Phone No. ()		Owner Phone No. ()		

Instruction

- Print clearly and complete both sides
- This form shall be submitted for **all applicable equipment replacements**
- Use only **one** form for equipment changes you propose for **each** public swimming pool, spa, or special use pool
- Other substantial alterations** requiring more extensive plan review shall be submitted with plans and a completed **Application for Plan Review, HEA 5215**
- All equipment shall be listed with NSF, ETL, or as approved by the Director

Equipment Replacement Plan Review Fee Schedule

(Complete this section only if you are submitting an equipment replacement that requires plan review)

Replacement of a disinfection reagent feed device with one using a different reagent or a different method of delivery; or replacement of a recirculation system filter(s) with one using a different filtration media or a different method of operation are substantial alterations requiring plan review. It is not a substantial alteration if the replacement equipment has the same design as the original equipment. All filter replacements shall comply with rule 3701-31-04(C)(2). The plan review fee is thirty-five dollars

\$ _____

II. Design (existing)

01 Specifications

- Pool/Spa Volume _____ gal
- Required Turnover Period

<input type="checkbox"/> Pool—480 min (8 hr)	<input type="checkbox"/> Wading Pool—120 min (2 hr)
<input type="checkbox"/> Spa—30 min (1/2 hr)	<input type="checkbox"/> Special Use Pool—240 min (4 hr)

 Other _____
- Required Flow Rate (1a ÷ 1b) _____ gpm
- Actual Flow (as measured by a flow meter) _____ gpm

III. Equipment Replacements

Complete the appropriate sections below, to properly document changes to equipment for the above facility. This information will be provided to the local health department for completing pre-operation inspection reports they conduct each season.

02 Disinfection

a) Make _____ b) Model No. _____ c) Output: gals/day lbs/day grams/day

Existing			
Replacement			

Hypochlorite: Calcium Sodium
 Erosion: Calcium Bromine Di/Tri-chloro

03 Filtration

	a) Make	b) Model No.	c) Number	d) Total Filter Area (sf)	e) Max. Allowable Flow (gpm) ¹
Existing					
Replacement					

- Pressure Vacuum
 Sand Diatomaceous earth Cartridge
- Under no circumstances shall the flow through a filter exceed the rated capacity (see 03e)
 - Multiple filters shall be in parallel and all of equal size and capacity.

04 Automatic Chemical Controllers (required on all public spas and special use pools with special features)

Note: replacement of an automatic controller is not a substantial alteration, however, the installation shall be in accordance with rule 3701-07.

05 Recirculation, Jet Pump/Hydrotherapy, Air Pumps

Replacement pumps are not a substantial alteration that requires notification; however, the following criteria shall apply:

- Replacement pumps should be replaced as identical to the original pump as practical
- A replacement recirculation pump shall provide at a minimum, the flow rate as indicated in 01(c)*, above, and shall not exceed the filter capacity in 03(e), above. *01(d) shall apply for older swimming pools that may have a longer turnover period (as allowed in rule 3701-31-04)
- There shall be no significant increase in output from any pump due to potential entrapment hazards or other safety concerns that may apply
- To avoid a shock hazard air pumps shall be installed either on a wall or with a vertical loop of pipe, both 12 inches or more above the operating water level of the spa.

06 Pipe

Pipe used for maintenance or repair work or as part of equipment installation shall be according to the following standard or it's equivalent: PVC, Schedule 40 or 80, ASTM D1785 (of equal diameter or greater) and with compatible PVC fittings: ASTM D2446 or D2447.

The above information will be provided to the local health department to amend their records on the above facility and to verify the above changes at the next regular inspection.

Remarks

Individual to be contacted regarding this project (please print)

Applicant	Phone ()	FAX ()
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I certify that the foregoing data is a true statement of the facts pertaining to the above proposed work and agree to properly install the above equipment as approved.

For any questions concerning this form please contact the Ohio Department of Health, Environmental Engineering, 246 N. High St., Columbus, Ohio (614) 644-5597

Note: Review will not proceed nor will approval be granted without complete submission of all information.

Please make check payable to: Treasurer, State of Ohio

Send this form and check to:

Mailing address
 Ohio Department of Health
 Accounts Receivable Unit
 Public Swimming Pool Plan Review Fees
 P.O. Box 15278
 Columbus, OH 43215-0278

Walk-in address
 Ohio Department of Health
 Accounts Receivable Unit
 4th Floor
 246 N. High St.
 Columbus, OH 43266-0588

The replacement equipment proposed above is approved based on the information provided.

ODH plan reviewer
Date